| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | LW | 68904 | 8/31/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | Ct | 71692 | 10/17 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

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| ✔ | Rejected | N | | Non-elected |
| = | Allowed | I | | Interference |
| — | (Through numeral)... Canceled | A | | Appeal |
| ÷ | Restricted | O | | Objected |

| Claim Final / Original | Date | | | | | | | Claim Final / Original | Date | | | | | | | Claim Final / Original | Date | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here